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ABSTRACT

Rural outreach in community mental health centers involves staff commuting from a central agency to surrounding rural towns to provide clinical and/or community service. The problem for outreach staff is how to best provide services to a rural network that is distant and different from the urban network. In general the greater the distance, the fewer the interconnections between the rural community and the city. The amount of overlap between rural and urban networks affects the outreach worker's role. With fewer connections to the city, rural people depend more on the outreach worker's information about and referral to nonlocal services. Rural communities have distinct social networks characterized by close-knit families and homogeneous populations. Rural individuals expect more personal and informal mental health care and rely more on primary care physicians than do urbanites. Outreach workers must adapt to local procedures, evaluate services in light of the rural clientele, and effectively inform clients about local services. (ABL)

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Rural outreach: Connecting distant networks

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Rural outreach: Connecting distant networks

In community mental health centers, rural outreach typically involves staff commuting from the central agency to surrounding rural towns to provide clinical and/or community services. Outreach efforts are usually initiated to make services more accessible to rural people and to avoid the costs of maintaining a separate rural clinic.

Additionally, since rural communities typically lack formal resources for dealing with mental health problems, outreach work not only includes the provision of direct services but also helps to connect the rural area with the resources at both the central agency and the larger city. In effect, outreach staff serve as intermediaries between two social networks--the rural town and the larger city. The problem encountered by outreach staff is how to best provide services to a rural network that is both distant and different from the urban network.

Distance

In doing rural outreach work, it is useful to assess the existing interconnections between the rural community and the city. The miles between the two areas give some indication of how distinct the two networks are. In general, the greater the distance, the fewer interconnections. However this relationship can be altered by several other factors. The greater amount of commuting between the two areas for work, services, or entertainment, increases the connections between two networks. More connections will exist if the two areas are economically interdependent, e.g., with the larger city providing services, supplies, and outlets for the surrounding

agricultural areas. Fewer connections will exist if the two areas are greatly dissimilar in their population characteristics, e.g., an Indian reservation or migrant workers' camp near a predominantly caucasian town. Lastly, if other services, such as education, medical, and fire are provided on a regional system, more interconnections will exist.

The amount of overlap between the two networks, rural and urban, has important ramifications for outreach work. With less overlap, the outreach staff's roles becomes much more central and critical in linking needs in the rural area with resources in the urban area. With minimal connections to the city, the rural townspeople depend heavily on the outreach staff to provide information about and referral to needed nonlocal services, and to bring in additional mental health resources to the rural area.

However, to be effective in this focal role as an intermediary, the outreach staff member must be sensitive to differences in the structures and processes of the urban and rural social networks.

Differences

Rural communities, due to smaller populations, are composed of social networks quite distinct from those of urban areas. Structurally, the networks of rural individuals differ from those of urbanites by having greater density. There is a high degree of familiarity among all members of a rural community. Neighbors know and interact with each other more often. The rural individual's network is typically close-knit, largely composed of family members, but overlapping with many other family groups, cliques, and

organizations. There is a great degree of homogeneity among members of the network, and relationships tend to be multiplexed with little specialization of function. Interactions between network members generally are personal and informal.

In contrast to the rural social networks, the urban individual's network is less dense and less homogeneous. Urbanites have contact with more strangers so many of their interactions, except with family and friends, are impersonal and formal. There are fewer multiplex relationships, and a higher degree of specialization among network members.

These differences in the composition of urban and rural networks have several implications for mental health services. First, in contrast to urbanites, rural individuals tend to expect more personal and informal mental health care. Drop-in visits, chats on the street corner, and wide-ranging discussions, all elements of rural mental health care, might seem very alien to an urban mental health professional accustomed to fifty-minute hours and formal task-oriented meetings. Therefore, many services appropriate to urban areas, will be inappropriate for rural communities. Secondly, rural and urban individuals may differ in their perception of the role of mental health professionals. For example, Flaskerud and Kuiz (1982) found that Midwestern rural residents preferred to use primary care givers, such as family doctors, for most mental health services, except in the case of serious mental illnesses. The ruralites had a broader conception of the family doctor's role - one being much more general than the specialized function of administering to their physical

health. This attitude may be inconsistent with that of urban professionals who see themselves as best equipped to handle the wide range of mental health problems. Therefore urbanites and rural individuals may differ in their perception of services needed by their communities and of the individuals best suited to provide those services.

These differences in network structure, and the resulting differences in social expectations, can cause considerable role conflict for outreach staff who must participate in both the rural and urban networks. As the difference in the sizes of the rural and urban communities increase, the differences in the network structures will be more pronounced, and consequently, the outreach staff will have a more difficult time trying to manage the conflicting demands of the two social networks.

In providing direct services, the outreach staff must be able to adopt the norms and informal interactional style of the rural community, yet still manage the formal reporting and other bureaucratic demands of the central agency. Certain procedures of the central agency may be quite alien to rural communities. The outreach worker must adapt these procedures to make them more suitable to the rural community.

In making referrals to nonlocal services, the outreach staff must not only be informed about the services but be able to assess whether these services would be culturally appropriate for the rural individual. Most individuals rely upon their primary group for recommendations of and referral to health care services. When the primary group is unaware of these nonlocal services, the

outreach staff must have the trust of the community to be able to make these referrals.

In bringing in outside resources, again the outreach worker needs to assess the appropriateness of the services and be ready to educate the incoming resources on how to best be accepted in the rural community.

Lastly, the outreach staff must be aware of the rural community's perception of needed services and assess whether these can be provided locally or whether outside resources must be brought in. In general, if local resources are available, they should be employed because they will be more easily accepted and more permanent.

In sum, the outreach staff have a more central and conflicted role when the rural and urban communities have few interconnections and differ greatly in network structures. To be effective in their roles of intermediaries, outreach staff must have a number of skills: 1) they must be aware of the rural community's needs, informal and formal resources, and the resources of the central agency and city, 2) they must be able to assess the appropriateness of outside services for the rural community, make linkages with appropriate services, and mobilize these services to enter the community, and 3) they must be able to effectively transmit information about resources to the local community. To be able to perform these functions, outreach staff need to be highly integrated into both the rural social network and the urban one. This is facilitated by knowing key people in the network, by spending time there (either through residence there, spending several workdays there, and/or having a long tenure on the

job), and being aware of and conforming to the norms of the social network. A high degree of flexibility in adjusting to different norms as well as effective negotiation skills for resolving major differences in network expectations are needed by outreach staff.

Policy Implications

Several policy recommendations for agencies considering outreach work are suggested by this analysis.

1) Since the needs and resources of rural communities may be different from the urban area, the local rural community should have a major role in determining what services are needed and how they should be provided. The local community often is more aware of the informal resources currently addressing needs and the appropriateness of various types of suggested services. A major part of an outreach staff member's job when intially entering a rural community should be devoted to conducting this needs assessment. Agencies should allow and support this use of staff time.
2) Agency's administration should allow outreach staff flexibility in the services they provide in rural communities. In addition to providing direct services, outreach staff can serve as a consultant, educator, assessor, and community organizer. These latter roles often have greater utility in outreach work and allow the outreach staff to make use of the rural communities' local resources.
3) To be effective, outreach staff must become integrated into the rural network. This takes time to make the contacts

and to build the trust. To facilitate this, agency administration should do all they can to promote staff continuity in a specific rural town. This entails a proper selection of staff and acknowledgement of the importance of making contacts with community members.

4) To be able to provide a linkage role, outreach staff must maintain ties with the central agency and the larger city. It is only by doing so that they will be informed of the resources there that might be employed in the rural community. Agencies should provide both formal and informal means for outreach staff to be kept informed of the activities and resources of the agency and the greater community. This can be provided by having outreach staff involved in weekly staff meetings and in-service training.

5) Agency administrators must acknowledge that rural outreach work is different from providing urban services. Agency commitment to adapting procedures and services to fit better with rural expectations can do much to reduce the role conflict experienced by outreach staff.

Reference

Flaskerud, J., & Kuiz, F. (1982). Resources rural consumers indicate they would use for mental health problems. Community Mental Health Journal, 18, 107-119.

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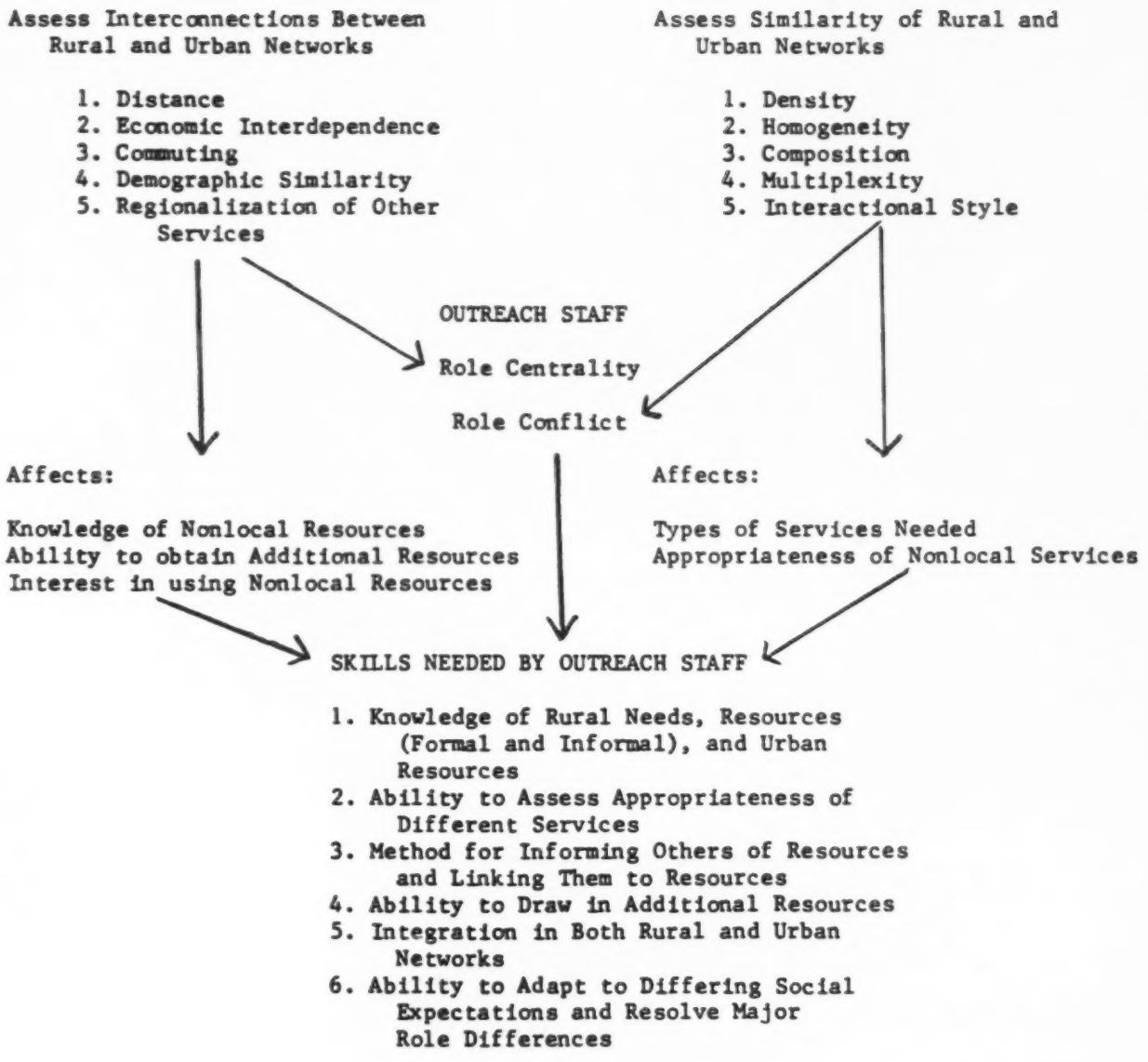
Assess Interconnections Between Rural and Urban Networks
1. Distance
2. Economic Interdependence
3. Commuting
4. Demographic Similarity
5. Regionalization of Other Services
Assess Similarity of Rural and Urban Networks
1. Density
2. Homogeneity
3. Composition
4. Multiplexity
5. Interactional Style
OUTREACH STAFF
Role Centrality
Role Conflict
Affects:
Knowledge of Nonlocal Resources
Ability to obtain Additional Resources
Interest in using Nonlocal Resources
Affects:
Types of Services Needed
Appropriateness of Nonlocal Services
SKILLS NEEDED BY OUTREACH STAFF
1. Knowledge of Rural Needs, Resources (Formal and Informal), and Urban Resources
2. Ability to Assess Appropriateness of Different Services
3. Method for Informing Others of Resources and Linking Them to Resources
4. Ability to Draw in Additional Resources
5. Integration in Both Rural and Urban Networks
6. Ability to Adapt to Differing Social Expectations and Resolve Major Role Differences